

Jan 03 07 06:54p

LAW OFFICE

858-777-5425

p.7

Jan 03 07 04:20p

McMaster - Pain Institute

RECEIVED  
CENTRAL FAX CENTER

p.1

01/03/2007 14:59

CANCOG TECHNOLOGIES

PAGE 02/03

JAN 3 - 2007

TO:  
FAX:

PTO/SW62 (01-06)  
Approved for use through 12/31/2008. OMB 0951-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/830,503
	Filing Date	8/16/2001
	First Named Inventor	HENRY, James L.
	Art Unit	1835
	Examiner Name	VIVEMORE, Tracy Ann
	Attorney Docket Number	CCT-P0011

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 35067

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 35067

OR

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SF/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature *James L. Henry*

Name James L. HENRY

Date *3 Jan., 2007* Telephone 905-407-6683

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

Jan 03 '07 06:54p

LAW OFFICE

858-777-5425

p.8

Jan 03 '07 04:20p

McMaster - Pain Institute

RECEIVED

p.2

01/03/2007 14:59

CANCOR TECHNOLOGIES CENTRAL FAX CENTER

01/03

JAN 3 - 2007

PTO/SB/02 (01-06)  
Approved for use through 12/31/2008, OMB 0631-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/30,503
	Filing Date	8/18/2001
	First Named Inventor	HENRY, James L.
	Art Unit	1635
	Examiner Name	VIVEMORE, Tracy Ann
	Attorney Docket Number	CCT-P0011

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 38087

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 36067

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Kiran Yashpal</i>		
Name	Kiran YASHPAL		
Date	3 Jan 2007	Telephone	905-333-6683

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.58. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY